

UNITE HERE TIP Campaign Committee

275 7th Avenue 10th Floor

New York

NY

10001

FEC ID No. C00004861

☐ 24-Hour Notice ☒ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 1 / 6

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
UNITE HERE TIP Campaign Committee

FEC IDENTIFICATION NUMBER

C C00004861

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Local 34

Date

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Amount

1146.92

Mailing Address
425 College StreetCity State Zip Code
New Haven CT 06511Purpose of Expenditure
Payment for staff se-
rvicesCategory/
Type 001Office Sought: ☒ House State: CT
☐ Senate District: 4
☐ PresidentialCheck One: ☐ Support ☒ OpposeName of Federal Candidate supported or Opposed by expenditure:
Christopher ShaysDisbursement For: ☐ Primary ☒ General 2006☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 9987.86

Transaction ID: 7

Full Name (Last, First, Middle, Initial) of Payee
UNITE HERE

Date

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Amount

634.27

Mailing Address
275 Seventh AvenueCity State Zip Code
New York NY 10001Purpose of Expenditure
Payment for staff se-
rvicesCategory/
Type 001Office Sought: ☒ House State: CT
☐ Senate District: 4
☐ PresidentialCheck One: ☐ Support ☒ OpposeName of Federal Candidate supported or Opposed by expenditure:
Christopher ShaysDisbursement For: ☐ Primary ☒ General 2006☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 10622.13

Transaction ID: 8

(a) SUBTOTAL of Itemized Independent Expenditures

1781.19

(b) SUBTOTAL of Unitemized Independent Expenditures

0.00

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

John W Wilhelm

Signature

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour NoticeSCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE OF 2 / 6
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) UNITE HERE TIP Campaign Committee		FEC IDENTIFICATION NUMBER C C00004861	
Check if <input type="checkbox"/> 24-hour notice <input checked="" type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ADP Payroll Processing		Date M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 42 Broadway		Amount 7940.00	
City New York	State NY	Zip Code 10001	Office Sought: <input checked="" type="checkbox"/> House State: CT <input type="checkbox"/> Senate District: 4 <input type="checkbox"/> Presidential
Purpose of Expenditure Payment for staff se- rvices	Category/ Type	001	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: Christopher Shays			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____
Calendar Year-To-Date Per Election for Office Sought		18562.13	Transaction ID: 9
Full Name (Last, First, Middle, Initial) of Payee Local 34		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 425 College Street		Amount 1146.92	
City New Haven	State CT	Zip Code 06511	Office Sought: <input checked="" type="checkbox"/> House State: CT <input type="checkbox"/> Senate District: 4 <input type="checkbox"/> Presidential
Purpose of Expenditure Payment for staff se- rvices	Category/ Type	001	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: Christopher Shays			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____
Calendar Year-To-Date Per Election for Office Sought		19709.05	Transaction ID: 10

(a) SUBTOTAL of Itemized Independent Expenditures	9086.92
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
John W Wilhelm Signature	M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :**FEC ID No.**☐ 24-Hour Notice ☐ 48-Hour Notice**SCHEDULE E (FEC Form 3X)****ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
UNITE HERE TIP Campaign Committee**FEC IDENTIFICATION NUMBER****C** C00004861Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

UNITE HERE

Date

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Amount

634.27

Mailing Address
275 Seventh AvenueCity State Zip Code
New York NY 10001Purpose of Expenditure
Payment for staff se-
rvicesCategory/
Type 001Office Sought: ☒ House State: CT
☐ Senate District: 4
☐ PresidentialCheck One: ☐ Support ☒ OpposeDisbursement For: ☐ Primary ☒ General 2006☐ Other (specify) : _____**Transaction ID: 11**Calendar Year-To-Date Per Election
for Office Sought 20343.32

Full Name (Last, First, Middle, Initial) of Payee

National Car Rental

Date

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Amount

688.00

Mailing Address
212 W. 77th St.City State Zip Code
New York NY 10024Purpose of Expenditure
Car rentalCategory/
Type 002Office Sought: ☒ House State: CT
☐ Senate District: 4
☐ PresidentialCheck One: ☐ Support ☒ OpposeDisbursement For: ☐ Primary ☒ General 2006☐ Other (specify) : _____**Transaction ID: 12**Calendar Year-To-Date Per Election
for Office Sought 21031.32

(a) SUBTOTAL of Itemized Independent Expenditures

1322.27

(b) SUBTOTAL of Unitemized Independent Expenditures

0.00

(c) TOTAL Independent Expenditures

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John W Wilhelm

Signature

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour NoticeSCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE OF 4 / 6
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) UNITE HERE TIP Campaign Committee	FEC IDENTIFICATION NUMBER C C00004861
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Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Local 34

Date

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Amount

1146.91

Mailing Address
425 College StreetCity State Zip Code
New Haven CT 06511Purpose of Expenditure
Payment for staff se-
rvicesCategory/
Type 001Office Sought: ☒ House State: CT
☐ Senate District: 4
☐ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
Diane FarrellDisbursement For: ☐ Primary ☒ General 2006☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 9987.84

Transaction ID: 13

Full Name (Last, First, Middle, Initial) of Payee
UNITE HERE

Date

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Amount

634.26

Mailing Address
275 Seventh AvenueCity State Zip Code
New York NY 10001Purpose of Expenditure
Payment for staff se-
rvicesCategory/
Type 001Office Sought: ☒ House State: CT
☐ Senate District: 4
☐ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
Diane FarrellDisbursement For: ☐ Primary ☒ General 2006☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 10622.10

Transaction ID: 14

(a) SUBTOTAL of Itemized Independent Expenditures

1781.17

(b) SUBTOTAL of Unitemized Independent Expenditures

0.00

(c) TOTAL Independent Expenditures

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John W Wilhelm

Signature

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :**FEC ID No.**☐ 24-Hour Notice ☐ 48-Hour Notice**SCHEDULE E (FEC Form 3X)****ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
UNITE HERE TIP Campaign Committee**FEC IDENTIFICATION NUMBER****C** C00004861Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

ADP Payroll Processing

Date

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Amount

7940.00

City

New York

State

NY

Zip Code

10001

Purpose of Expenditure

Payment for staff se-
rvicesCategory/
Type

001

Office Sought:

☒ House

State: CT

☐ Senate

District: 4

☐ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2006☐ Other (specify) : _____**Transaction ID: 15**

Calendar Year-To-Date Per Election

18562.10

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Local 34

Date

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Amount

1146.91

City

New Haven

State

CT

Zip Code

06511

Purpose of Expenditure

Payment for staff se-
rvicesCategory/
Type

001

Office Sought:

☒ House

State: CT

☐ Senate

District: 4

☐ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2006☐ Other (specify) : _____**Transaction ID: 16**

Calendar Year-To-Date Per Election

19709.01

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

9086.91

(b) SUBTOTAL of Unitemized Independent Expenditures

0.00

(c) TOTAL Independent Expenditures

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John W Wilhelm

Signature

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :**FEC ID No.**☐ 24-Hour Notice ☐ 48-Hour Notice**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**PAGE OF 6 / 6
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) UNITE HERE TIP Campaign Committee		FEC IDENTIFICATION NUMBER C C00004861	
Check if <input type="checkbox"/> 24-hour notice <input checked="" type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UNITE HERE		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 275 Seventh Avenue		Amount 634.26	
City New York	State NY	Zip Code 10001	Office Sought: <input checked="" type="checkbox"/> House State: CT <input type="checkbox"/> Senate District: 4 <input type="checkbox"/> Presidential
Purpose of Expenditure Payment for staff se- rvices		Category/ Type 001	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: Diane Farrell		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		Transaction ID: 17	

Full Name (Last, First, Middle, Initial) of Payee National Car Rental		Date M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 212 W. 77th St.		Amount 688.00	
City New York	State NY	Zip Code 10024	Office Sought: <input checked="" type="checkbox"/> House State: CT <input type="checkbox"/> Senate District: 4 <input type="checkbox"/> Presidential
Purpose of Expenditure Car rental		Category/ Type 002	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: Diane Farrell		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		Transaction ID: 18	

(a) SUBTOTAL of Itemized Independent Expenditures	1322.26
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	24380.72
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
John W Wilhelm Signature	M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6